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Commonwealth of Massachusetts
Division of Professional Licensure
Board of Embalming & Funeral Directing
239 Causeway Street • Boston • Massachusetts • 02114

DANIEL C. CRANE
UNDERSECRETARY, OFFICE OF
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REGULATION

GEORGE K. WEBER
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

MEMO

To: All Continuing Education Providers
From: Board of Embalming & Funeral Directing
RE: Expiration of approval

Please be advised that approvals for **all** programs are going to expire. The expiration date will depend on the **first letter of your company name** (as it appears on the envelope).

A – H will expire on March 1, 2009

H – Z will expire on April 1, 2009

Example: CDF Corp. will expire on March 1, 2009 and STU Inc will expire on April 1, 2009.

If you plan to continue to offer courses, a new application must be filed at least 30 days prior to the program date. All new applications must be submitted on the enclosed form, any others will be returned as incomplete.

If you have any questions, please call Kim Scully at 617-727-1718 or email at kim.m.scully@state.ma.us.





The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Embalming & Funeral Directing
www.mass.gov/dpl/boards/em
617-727-1718

Continuing Education Program Application
(must be submitted 30 days in advance of program date)

Program Title: _____

Program Coordinator or Sponsor: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Date(s) and Location(s) of Program: _____

Total Number of Hours Requesting: _____

Please return this application with the following:

- Course materials or syllabus including a course description that clearly describes the content of the course and a summary outline of major topics with the number of classroom hours devoted to each major topic
- Instructor's qualifications

Programs must be open to all members of the embalming and funeral directing profession. Please be sure you have enclosed all the required materials for review. Other materials may be requested if necessary to determine the appropriateness of the course. Incomplete paperwork will be returned to the applicant.

By my signature, I hereby state the above information is true to the best of my knowledge.

Signature of Applicant

Date

Office Use Only

Date Reviewed:

Reviewed By:

☐ Approved

☐ Denied-Reason: